

TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2008) Front CT #7541-0620-9

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PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

See Instructions On Reverse Side

CLAIMANT'S NAME (First, Mi, Last) Will Kempton		CALTRANS EMPLOYEE ID NUMBER [REDACTED]	CONTACT PHONE NUMBER (916) 654-5267	
POSITION TITLE Director	B.U./M.D. M	NUMERIC DIST/UNIT (For Check to Be Sent) 85/100		ALTERNATE PHONE NUMBER (916) 654-6130
CLAIMANT'S HOME ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 1120 N Street M.S. 49		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Sacramento	STATE CA ZIP CODE 95814

(1) MONTH/YEAR March 2009		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE (Box 18)		(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT			
3	1130	Sacramento to Washington, DC	250.76		10.00	18.00		8.00	R					286.76
4	2345	Washington, DC to Sacramento		6.00	10.00	18.00	6.00		SC	P	27.00			67.00
(10) SUBTOTALS			250.76	6.00	20.00	36.00	6.00	8.00		27.00				353.76

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
Flew to Washington, DC to meet with the California House Delegation Committee.

Claim Total \$ 353.76

(12) NORMAL WORK HOURS	T. CODE	SOURCE		CHG DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FA	AGCY. OBJ.	AMOUNT	FY	MSA CODE
		DIST	UNIT									
0800-1700												
(13) WORK SCHEDULE		85	001	85	961010			7	021	\$220.50	08/09	318.76
M-F		85	001	85	961010			7	001	\$27.00	08/09	35.00
(14) PRIVATE VEHICLE LICENSE #												
(15) MILEAGE RATE CLAIMED												
.585												

I HEREBY CERTIFY that the above line is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(16) CLAIMANT'S SIGNATURE [REDACTED]	DATE 03/10/2009
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 03/10/2009
(18) SIGNATURE AND TITLE OF AUTHORITY FOR BUSINESS EXPENSES EXCEEDING \$25.00	DATE
PRINT NAME Srikanth Balasubramanian	DATE

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING

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POSITION TITLE Director			B.U./M.D. M			NUMERIC DIST/UNIT (For Check to Be Sent) 85/100		
ALTERNATE PHONE NUMBER (916) 654-6130			CLAIMANT'S HOME ADDRESS [REDACTED]					
HEADQUARTERS ADDRESS 1120 N Street						M.S. 49		
CITY [REDACTED]			STATE CA			ZIP CODE [REDACTED]		
CITY Sacramento			STATE CA			ZIP CODE 95814		

(1) MONTH/YEAR March 2009		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE (Box 18)	(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT		
9	2030	Sacramento to San Diego	128.75											128.75
10	1300	San Diego to Sacramento		6.00	10.00				SC	P	15.00			31.00
(10) SUBTOTALS			128.75	6.00	10.00						15.00			159.75

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) District 11 visit as well as attended I-15 Middle Segment Ribbon Cutting in San Diego	Claim Total	\$ 159.75
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(12) NORMAL WORK HOURS 0800-1700	T. CODE	SOURCE		CHG DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FA	AGCY. OBJ.	AMOUNT	FY	MSA CODE
		DIST	UNIT									
(13) WORK SCHEDULE		85	001	85	961010			7	020	\$144.75	08/09	
M-F		85	001	85	961010			7	001	\$15.00	08/09	
(14) PRIVATE VEHICLE LICENSE #												
4FRR570												
(15) MILEAGE RATE CLAIMED												
.55												

I HEREBY CERTIFY that the above line is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(16) CLAIMANT'S SIGNATURE [REDACTED]	DATE 03/10/09
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	PRINT NAME Srikanth Balasubramanian
(18) SIGNATURE AND TITLE OF AUTHORITY FOR BUSINESS EXPENSES EXCEEDING \$25.00	DATE 03/10/09

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CLAIMANT'S HOME ADDRESS [REDACTED]						HEADQUARTERS ADDRESS 1120 N Street						M.S. 49			
CITY [REDACTED]				STATE CA		ZIP CODE [REDACTED]		CITY Sacramento				STATE CA		ZIP CODE 95814	

(1) MONTH/YEAR March 09		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE (Box 18)	(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
12	1200	Sacramento to Napa	132.00			18.00							150.00
13	1500	Napa to Sacramento		6.00	10.00		6.00						22.00
(10) SUBTOTALS			132.00	6.00	10.00	18.00	6.00						172.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Speaker and attendee at the CFEE Conference in Napa March on 12 and 13, 2009.	Claim Total	\$ 172.00
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(12) NORMAL WORK HOURS	T. CODE	SOURCE		CHG DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FA	AGCY. OBJ.	AMOUNT	FY	MSA CODE
0800-1700		DIST	UNIT									
(13) WORK SCHEDULE		85	001	85	961010			7	020	\$172.00	08/09	
M-F		85	001	85	961010			7	001		08/09	
(14) PRIVATE VEHICLE LICENSE #												
4FRR570												
(15) MILEAGE RATE CLAIMED												
.55												

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(16) CLAIMANT'S SIGNATURE [REDACTED]	DATE 03/30/2009
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	PRINT NAME Srikanth Balasubramanian DATE 03/30/2009
(18) SIGNATURE AND TITLE OF AUTHORITY FOR BUSINESS EXPENSES EXCEEDING \$25.00	PRINT NAME DATE

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